Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
APCD / CASE MIX Application
Fee Remittance Form

Applicant name: _____

Organization: _____

Project Title: _____

Date Application Submitted on IRBNet: _____

Address: _____

Phone number: _____

Email address: _____

☐ Level 1 Data ($100)

☐ Level 2 Data ($300)

Please refer to the fee schedules for APCD data (Administrative Bulletin 13-11) and for Case Mix data (Administrative Bulletin 13-09) for information related to applicable fees.

Make checks payable to:

Commonwealth of Massachusetts

Mail payment and form to:

Center for Health Information & Analysis
501 Boylston Street, 5th Floor
Boston, Ma 02116

Applicants who meet fee waiver criteria may elect to submit the Fee Waiver Request Form found on the next page.

Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Fee Waiver Request pursuant to 957 CMR 5.08

The undersigned seeks to receive APCD data from the Center for Health Information & Analysis [CHIA], and hereby seeks full or partial waiver of any fees otherwise due to CHIA in payment for data requested under the provisions of Massachusetts General Laws chapter 12C and 957 CFR 5.08 (and as outlined in CHIA Administrative Bulletins 13-11 and 15-02.) In support of its request for this waiver, the applicant certifies as follows:

1. Is the applicant seeking CHIA data engaged in Student Directed Research?

   ☐ Yes ☐ No

   If "yes", please provide documentation to support your response (for example, a signed letter on institutional letterhead from the supervising faculty member confirming that the data request is consistent with the Student Directed Research project).

2. Are you a "Payer" (namely, an entity that submits health care claims data to CHIA pursuant to M.G.L. c. 12C, § 10) that is requesting the payer's own submitted data from CHIA?

   ☐ Yes ☐ No

3. Are you a "Provider" (namely, a health care provider that submits data to CHIA pursuant to M.G.L. c. 12C, §8 and/or §9) that is requesting the payer's own submitted data from CHIA?

   ☐ Yes ☐ No

4. Are you a researcher and does your application clearly and explicitly seeks data directly tied to evaluation or improvement of current State government initiatives?

   ☐ Yes ☐ No

5. Are you a researcher and can you demonstrate that the imposition of CHIA fees, in whole or in part, would constitute an undue financial hardship?

   ☐ Yes ☐ No

   If "yes", please attach a statement and any relevant supporting documentation that you believe demonstrates undue financial hardship.

In making this fee waiver request to CHIA, on my own behalf and on behalf of the organization/entity applying for release of CHIA data, I hereby certify that all statements made on this request form (and the contents of all attachments and supporting documents submitted in support of this request) are true and accurate to the best of my knowledge, information and belief.

_____	_____	_____	_____
Signature	Date	Printed Name	Organization/Entity Name